

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y 07 / 28 / 2016</div>	

Full Name of Payee <b>API Source</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2016		
Mailing Address 4471 Nicole Dr.			Amount 3639.21		
City Lanham	State MD	Zip Code 20706	Transaction ID : B621016		
Purpose of Expenditure Small items and distribution.		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 182068.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Moxie Media Inc.</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2016		
Mailing Address 2021 Minor Ave. East			Amount 1250.00		
City Seattle	State WA	Zip Code 99102	Transaction ID : B621017		
Purpose of Expenditure Postcards		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 182068.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	4889.21
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 07 / 28 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 56501.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B621020
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2016	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		182068.02	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 56501.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B621022
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2016	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		421716.26	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	113002.26
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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		M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 56501.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B621021
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2016	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		421716.26	

Full Name of Payee <b>Moxie Media Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2016	
Mailing Address 2021 Minor Ave. East		Amount 1250.00	
City Seattle	State WA	Zip Code 99102	Transaction ID : B621018
Purpose of Expenditure Postcards	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2016	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		421716.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57751.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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		MM / DD / YYYY 07 / 28 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 56501.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B621019
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2016	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		182068.02	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 2229 North Pollard St		Amount 4464.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B621023
Purpose of Expenditure Online advertising-Estimated costs	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2016	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		421716.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60965.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	236607.73

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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